DIRECT DEPOSIT AUTHORIZATION

To start a direct deposit, or to change banks and/or accounts, you will need a deposit slip or voided check preprinted with your name, account number, and bank routing number.

Because this form now has a carbonless copy, it is no longer available on the intranet.
Please come to Personnel to obtain this form, or contact your payroll clerk.
See below for the information that will appear on the form you must sign.

I understand that direct deposit will begin with the SECOND regular paycheck following receipt and confirmation of this agreement. I acknowledge that changes or corrections made to the direct deposit authorization (including terminating the direct deposit authorization) will require ten business days to process. I realize that any change to my direct deposit authorization will produce a check on the first pay period, and that the direct deposit will resume on the second pay period, if a properly executed direct deposit authorization for the change is on file. I understand that I am responsible for any account information that I add or change.

I understand that if my account is closed for any reason, either by me or my financial institution, and I have not filed a change of direct deposit authorization by at least ten business days prior to the effective date of such closure, that it is my responsibility to contact the bank where the funds were originally authorized for deposit to make arrangement for transfer of funds. I realize that I should NOT close my old account until my first deposit is made into my newly designated account and/or financial institution.

I acknowledge that the City of Wichita will not issue a manual check to replace a direct deposit payment until the entire amount of the deposit is returned to the City's bank, or five business days from the date of the original direct deposit, whichever is greater.

I am aware that while most financial institutions post funds to accounts at the beginning of the bank business day, this is not a universal practice. Some institutions post funds in the afternoon instead of the morning. I acknowledge that it is my responsibility to check with my financial institution to determine when my funds will be available. I understand that my financial institution may cancel this agreement by providing me with written notice 30 days in advance of the cancellation date. I must then notify the City of Wichita by completing a new Direct Deposit Authorization form with my instructions to either stop direct deposit completely, or to set up direct deposit into another bank/account.

In the event that the City of Wichita deposits funds erroneously into my account, I authorize the City of Wichita to debit my account for an amount not to exceed the original amount of the credit. I understand that if the City is unable to recover an erroneous payment by debiting my account, that deductions will be made from future paychecks until the overpayment is recovered.

In the event that my bank/and or credit union is purchased by another financial institution, I authorize the City of Wichita to change the routing number to that of the acquiring institution upon notification from the institutions involved.
My signature on the front of this document indicates my authorization for the City of Wichita to direct deposit my net pay into the account and financial institution designated on the front of this document. I agree to **hold harmless and** indemnify the City of Wichita against any loss sustained by me **or by the City of Wichita** in regards to this transaction.